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CONFIRMATION NO. 2309

<b>SERIAL NUMBER</b> 10/800,531	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> MRD / 64CP
<b>APPLICANTS</b> Samuel Achilefu, St. Louis, MO; Raghavan Rajagopalan, Solon, OH; Richard B. Dorshow, St. Louis, MO; Joseph Bugaj, St. Charles, MO; Muthunadar P. Periasamy, Chesterfield, MO;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/864,011 05/23/2001 PAT 6,706,254 which is a CIP of 09/484,322 01/18/2000 PAT 6,395,257				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 44
Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> WOOD, HERRON & EVANS, L.L.P. 2700 Carew Tower 441 Vine St. Cincinnati, OH45202				
<b>TITLE</b> Receptor-avid exogenous optical contrast and therapeutic agents				
<b>FILING FEE RECEIVED</b> 1676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	